

Newberry County Association of Educational Office Professionals Student Scholarship Application

GUIDELINES FOR APPLICATION

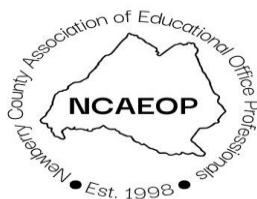
1. Applicants must:
 - a. Complete a NCAEOP Scholarship Application form;
 - b. Write a one-page biographical sketch on "Why I am Choosing a Career in Business";
 - c. Secure a letter of recommendation from a principal, counselor, or other school administrator;
 - d. Secure a letter of recommendation from a teacher;
 - e. Secure a letter of recommendation from someone other than an NCAEOP member or family member;
 - f. Secure an official high school transcript.
 - g. Submit these items to the NCAEOP Scholarship Chairman at the address stated on the application form.
2. Application materials must be received by **Wednesday, April 10, 2024**.
3. All applicants will be notified immediately after the judges' decision is final.
4. A certificate of scholarship will be presented to the winner.
5. A check will be issued to the winner only upon notification from an accredited school certifying that the winner is registered for the fall term.

ELIGIBILITY

1. Applicant must be a graduating high school senior.
2. Applicant must have a "B" average in high school business courses and/or a "C" average or better in high school.
3. Applicant must plan to enter a post-high school, accredited institution in the fall term following the granting of the scholarship.
4. Applicant must be a United States citizen and a resident of Newberry County.

CRITERIA FOR JUDGING

1. Need for Assistance	50%
2. Scholastic Achievement	25%
3. Initiative	10%
4. Quality and completeness of application materials	10%
5. Extracurricular activities	5%



Newberry County Association of Educational Office Professionals

APPLICATION

The scholarship program is open to students who wish to continue their education and pursue work in the business field. Please type the application and additional supporting materials which are required. It is suggested that all instructions and questions of the entire application form be read carefully before attempting to supply the information requested. Remember that the transcript must be verified by the registrar or by a counselor, must cover all work completed to date, and must show the class ranking at the end of the junior year.

NAME _____ Age _____
First Middle Last
ADDRESS _____ Newberry
Street City Zip Code
PHONE NUMBER () _____ - _____ SCHOOL PRESENTLY ATTENDING _____

NAME OF FATHER/LEGAL GUARDIAN _____
ADDRESS _____
Street City State Zip Code County

NUMBER OF CHILDREN LIVING AT HOME _____ NUMBER OF CHILDREN ATTENDING COLLEGE _____

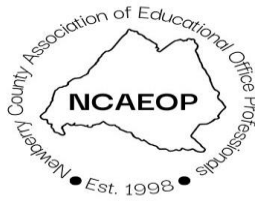
OCCUPATION _____ APPROX ANNUAL SALARY \$ _____
EMPLOYER _____

NAME OF MOTHER/LEGAL GUARDIAN _____
ADDRESS _____
Street City State Zip Code County

NUMBER OF CHILDREN LIVING AT HOME _____ NUMBER OF CHILDREN ATTENDING COLLEGE _____

OCCUPATION _____ APPROX ANNUAL SALARY \$ _____
EMPLOYER _____

APPLICANTS PROPOSED OCCUPATION _____



List in order of preference three (3) colleges/universities or business schools where you have formally applied or plan to apply for admission:

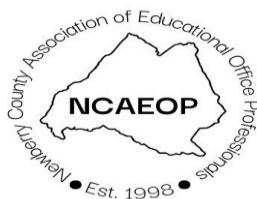
Name of Institution	Address	Accepted: Yes	No

Please state the reason(s) why you need financial assistance. (If more space is needed, attach another sheet.)

List school and community extracurricular activities including athletics, music, and any offices held. (If more space is needed, attach another sheet.)

List academic awards and/or honors received. (If more space is needed, attach another sheet.)

Please use this space to record additional information you feel would be of interest to the scholarship committee.



CERTIFICATION

I, the undersigned, hereby make an application for a NCAEOP (Newberry County Association of Educational Office Professionals) Student Scholarship and certify that:

1. All the information submitted is true and correct.
2. I will use any funds received from the NCAEOP for the purpose of paying expenses for my college education.
3. I will notify the chairman of the NCAEOP Scholarship Committee immediately if there should be any interruption in my plans for continuing my education this coming year.

Applicant's Signature

Date

Printed Applicant's Name

Application must be received by:_____.

SEND APPLICATION TO:

**NCAEOP Scholarship Committee
P.O. Box 718
Newberry, S.C. 29108
ATTN: Jan Redden**

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NCAEOP USE ONLY: Date Rec'd _____ Verified By _____